

North Carolina Specialty Crop Block Grant Program Application Packet 2021

Draft Application Deadline for NCSCBGP Staff feedback is February 19, 2021.

Final Applications due FRIDAY, MARCH 5, 2021 by 12:00 PM.

Submit applications via email to jenni.keith@ncagr.gov

The 2021 NC SCBGP Application includes:

- **Cover Page**
- **Application/Project Profile Template**
- **Application Signature Page**

Required Attachments in addition to this application:

- **IRS Tax Exempt Status Letter** for your organization
- **Biographical Sketches-** Provide a concise resume or biographical sketch of each person who has primary responsibility for developing and implementing the project. Information should clarify each person's duties and highlight their qualifications.
- **Letters of Support-** At least one letter, but no more than three, providing evidence of support for the project, especially from organizations or farm groups that would benefit.

**Note that the application contains text boxes in which to type information. Please stay within the text box boundaries when typing your responses.*

APPLICATION COVER PAGE

Applicant Organization Name:

(Name must match registered name in the Federal SAM System and the account must remain active during the entire life of the Grant Award Contract.)

Project Title: [Limit to six words please]

NC Specialty Crop Block Grant Request: \$ (not to exceed \$200,000)

Total Project Cost: \$

Primary contact information:

Name:

Phone:

Email:

Start Date: January 1, 2022

Anticipated End Date:

(no more than 2 yrs, 6 mos)

Organization's Fiscal Year End:

Organization's Federal Tax ID #:

Organization's DUNS #:

Mailing Address:

Physical Address:

County:

US Congressional District:

Website (if available):

Applicant's status: (check one)

- ☐ Nonprofit - Classification: (ie.501(c) (3), etc....)
- ☐ State or local governmental unit

- ☐ University, College
- ☐ Other: _____

Counties in North Carolina the project will serve (check one)

- ☐ Statewide
- ☐ County or counties (list each county)

Have additional funds to support this project been requested from another State's Specialty Crop Block Grant Program (yes or no)?

If this is a Multi-state project, what other State(s) are funding this project?

Is this a Research Project (yes or no)?

Has your organization received any grant funds within the past three (3) years?

If yes, list year, names of grantors, and dollar amounts received:

Has your organization received over \$750,000.00 in federal funding over the past fiscal year?

APPLICATION/PROJECT PROFILE TEMPLATE

Reminders:

- The information shown below must be included in the Project Profile. The acceptable font size for the narrative is 11 or 12 pitch with all margins at no less than 1”.
- Please delete questions and guidance items from your completed Project Profile (including this paragraph). **Submit only your information and answers to these questions under each heading and within the text boxes provided.**

PROJECT TITLE

Provide a descriptive project title in 6 words or less in the space below.

DURATION OF PROJECT

Start Date: 1/1/2021

End Date: End Date

PROJECT PARTNER AND SUMMARY

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief description of your project. A Project Summary includes:

- 1. The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State department of agriculture to lead and execute the project,*
- 2. A concise outline of the project's outcome(s)*
- 3. A description of the general tasks to be completed during the project period to fulfill this goal.*

FOR EXAMPLE:

The ABC University will mitigate the spread of citrus greening (Huanglongbing) by developing scientifically-based practical measures to implement in a quarantine area and disseminating results to stakeholders through grower meetings and field days.

PROJECT SUMMARY:

PROJECT PURPOSE

PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THAT THE PROJECT WILL ADDRESS

PROVIDE A LISTING OF UP TO FIVE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE

Objective 1:

Objective 2

Objective 3

Objective 4

Objective 5

PROJECT BENEFICIARIES

Estimate the number of project beneficiaries:.....Enter the Number of Beneficiaries

Does this project directly benefit socially disadvantaged farmers as defined in the RFA or the 2021 NC SCBGP Grant Information and Guidelines? Yes ☐ No ☐

Does this project directly benefit beginning farmers as defined in the RFA or the 2021 NC SCBGP Grant Information and Guidelines? Yes ☐ No ☐

STATEMENT OF SOLELY ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project **solely** enhances the competitiveness of specialty crops in accordance with and defined by [7 U.S.C. 1621](#). Further information regarding the definition of a specialty crop can be found at www.ams.usda.gov/services/grants/scbgp.

☐

CONTINUATION PROJECT INFORMATION

If your project is continuing the efforts of a previously funded SCBGP project, address the following:

DESCRIBE HOW THIS PROJECT WILL DIFFER FROM AND BUILD ON THE PREVIOUS EFFORTS

PROVIDE A SUMMARY (3 TO 5 SENTENCES) OF THE OUTCOMES OF THE PREVIOUS EFFORTS

PROVIDE LESSONS LEARNED ON POTENTIAL PROJECT IMPROVEMENTS

What was previously learned from implementing this project, including potential improvements? How are the lessons learned and improvements being incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes?

DESCRIBE THE LIKELIHOOD OF THE PROJECT BECOMING SELF-SUSTAINING AND NOT INDEFINITELY DEPENDENT ON GRANT FUNDS

OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS

The SCBGP will not fund duplicative projects. Did you submit this project to a Federal or State grant program other than the SCBGP for funding and/or is a Federal or State grant program other than the SCBGP funding the project currently?

Yes ☐

No ☐

IF YOUR PROJECT IS RECEIVING OR WILL POTENTIALLY RECEIVE FUNDS FROM ANOTHER FEDERAL OR STATE GRANT PROGRAM

Identify the Federal or State grant program(s):

Describe how the SCBGP project differs from or supplements the other grant program(s) efforts.

EXTERNAL PROJECT SUPPORT

Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).

EXPECTED MEASURABLE OUTCOMES

SELECT THE APPROPRIATE OUTCOME(S) AND INDICATOR(S)/SUB-INDICATOR(S)

You must choose at least one of the eight outcomes listed in the [SCBGP Performance Measures](#), which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.

OUTCOME MEASURE(S)

Select the outcome measure(s) that are applicable for this project from the listing below.

- ☐ **Outcome 1: Enhance the competitiveness of specialty crops through increased sales (required for marketing projects)**

THIS IS MANDATORY FOR ALL MARKETING AND PROMOTION PROJECTS.

1. Uses of social media to market and promote
2. Specialty crop local, regional and national campaigns

3. Specialty crop only tradeshow
4. Website promotion and development
5. Use/development of billboards, radio, television, magazine and email ads, marketing materials such as direct mail, brochures
6. Agritourism
7. Export market development
8. Retail promotions including point-of-purchase items, labels, packaging etc.
9. Farmers market promotions
10. Marketing and promotion campaigns with an education component directed to consumers

Indicator:

- ☐ Sales increased from \$_____ to \$_____ and by _____ percent, as result of marketing and/or promotion activities

☐ **Outcome 2: Enhance the competitiveness of specialty crops through increased consumption**

Indicators:

- ☐ 1. Of the _____ total number of children and youth reached,
- a. The number that gained knowledge about eating more specialty crops
 - b. The number that reported an intention to eat more specialty crops
 - c. The number that reported eating more specialty crops
- ☐ 2. Of the _____ total number of adults reached,
- a. The number that gained knowledge about eating more specialty crops
 - b. The number that reported an intention to eat more specialty crops
 - c. The number that reported eating more specialty crops
- ☐ 3. Number of new and improved technologies and processes to enhance the nutritional value and consumer acceptance of specialty crops (excluding patents) _____
- ☐ 4. Number of new specialty crops and/or specialty crop products introduced to consumers_____

☐ **Outcome 3: Enhance the competitiveness of specialty crops through increased access**

Indicators:

- ☐ 1. Of the _____ total number of consumers or wholesale buyers reached,
- a. The number that gained knowledge on how to access/produce/prepare/preserve specialty crops
 - b. The number that reported an intention to access/produce/prepare/preserve specialty crops
 - c. The number that reported supplementing their diets with specialty crops that they produced/preserved/obtained/prepared
- ☐ 2. Of the _____ total number of individuals (culinary professionals, institutional kitchens, specialty crop entrepreneurs such as kitchen incubators/shared-use kitchens, etc.) reached,

- a. The number that gained knowledge on how to access/produce/prepare/preserve specialty crops
 - b. The number that reported an intention to access/produce/prepare/preserve specialty crops
 - c. The number that reported supplementing their diets with specialty crops that they produced/prepared/preserved/obtained
- ☐ 3. Number of existing delivery systems/access points of those reached that expanded and/or improved offerings of specialty crops
 - a. ____ farmers markets
 - b. ____ produce at corner stores
 - c. ____ school food programs and other food options (vending machines, school events, etc.)
 - d. ____ grocery stores
 - e. ____ wholesale markets
 - f. ____ food hubs that process, aggregate, distribute, or store specialty crops
 - g. ____ home improvement centers with lawn and garden centers
 - h. ____ lawn and garden centers
 - i. ____ other systems/access points, not noted
 - j. ____ total (if not reported above)
- ☐ 4. Number of new delivery systems/access points offering specialty crops
 - a. ____ farmers markets
 - b. ____ produce at corner stores
 - c. ____ school food programs & other food options (vending machines, events, etc.)
 - d. ____ grocery stores
 - e. ____ wholesale markets
 - f. ____ food hubs that process, aggregate, distribute, or store specialty crops
 - g. ____ home improvement centers with lawn and garden centers
 - h. ____ lawn and garden centers
 - i. ____ other systems/access points, not noted
 - j. ____ total (if not reported above)
- ☐ **Outcome 4: Enhance the competitiveness of specialty crops through greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources.**

Indicators:

- ☐ 1. Numbers of plant/seed releases (i.e., cultivars, drought-tolerant plants, organic, enhanced nutritional composition, etc.) ____
- ☐ 2. Adoption of best practices and technologies resulting in increased yields, reduced inputs, increased efficiency, increased economic return, and conservation of resources (select at least one below).
 - a. Number of growers/producers indicating adoption of recommended practices

- b. Number of growers/producers reporting reduction in pesticides, fertilizer, water used/acre _____
 - c. Number of producers reporting increased dollar returns per acre or reduced costs per acre _____
 - d. Number of acres in conservation tillage or acres in other best management practices _____
- ☐ 3. Number of habitat acres established and maintained for the mutual benefit of pollinators and specialty crops_____
- ☐ **Outcome 5: Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems**

Indicators:

- ☐ 1. Number of new or improved innovation models (biological, economic, business, management, etc.), technologies, networks, products, processes, etc. developed for specialty crop entities including producers, processors, distributors, etc. _____
 - ☐ 2. Number of innovations adopted _____
 - ☐ 3. Number of specialty crop growers/producers (and other members of the specialty crop supply chain) that have increased revenue expressed in dollars _____
 - ☐ 4. Number of new diagnostic systems analyzing specialty crop pests and diseases. _____ [Diagnostic systems refer to, among other things: labs, networks, procedures, access points.]
 - ☐ 5. Number of new diagnostic technologies available for detecting plant pests and diseases. _____ [The intent here is not to count individual pieces of equipment or devices, but to enumerate technologies that add to the diagnostic capacity.]
 - ☐ 6. Number of first responders trained in early detection and rapid response to combat plant pests and diseases_____
 - ☐ 7. Number of viable technologies/processes developed or modified that will increase specialty crop distribution and/or production_____
 - ☐ 8. Number of growers/producers that gained knowledge about science-based tools through outreach and education programs _____
- ☐ **Outcome 6: Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety**

Indicators:

- ☐ 1. Number of viable technologies developed or modified for the detection and characterization of specialty crop supply contamination from foodborne threats _____
 - ☐ 2. Number of viable prevention, control and intervention strategies for all specialty crop production scales for foodborne threats along the production continuum_____
 - ☐ 3. Number of individuals who learn about prevention, detection, control, and intervention food safety practices and number of those individuals who increase their food safety skills and knowledge_____
 - ☐ 4. Number of improved prevention, detection, control, and intervention technologies_____

- ☐ 5. Number of reported changes in prevention, detection, control, and intervention strategies_____

☐ **Outcome 7: Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources**

Indicators:

Number of projects focused on:

- ☐ 1. Increased understanding of fecal indicators and pathogens _____
- ☐ 2. Increased safety of all inputs into the specialty crop chain _____
- ☐ 3. Increased understanding of the roles of humans, plants and animals as vectors _____
- ☐ 4. Increased understanding of pre-harvest and postharvest process impacts on microbial and chemical threats _____
- ☐ 5. Number of growers or producers obtaining on-farm food safety certifications (such as Good Agricultural Practices or Good Handling Practices) _____

☐ **Outcome 8: Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development**

Indicators:

- ☐ 1. Number of new rural careers created _____
- ☐ 2. Number of new urban careers created _____
- ☐ 3. Number of jobs maintained/created_____
- ☐ 4. Number of small businesses maintained/created _____
- ☐ 5. Increased revenue/increased savings/one-time capital purchases (in dollars) _____
- ☐ 6. Number of new beginning farmers who went into specialty crop production _____
- ☐ 7. Number of socially disadvantaged famers who went into specialty crop production_____

OUTCOME INDICATOR(S)

Provide at least one indicator listed above and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

For example:

Outcome 2, Indicator 1.a.

Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more specialty crops.

MISCELLANEOUS OUTCOME MEASURE

In the unlikely event that the outcomes and indicators above the selected outcomes are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) which will be subject to approval by AMS.

DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS

Explain how you will collect the required data to report on the outcome and indicator in the space below.

BUDGET NARRATIVE

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the [2020 General Terms and Conditions](#), section 8.0 Allowable Costs and Activities prior to developing their budget narrative.

Budget Summary	
Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment (NC-SCBGP does not allow these purchases)	\$0.00
Supplies	
Contractual	
Other	
Direct Costs Subtotal	

Total Budget	
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PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that solely enhance the competitiveness of specialty crops. See [2020 General Terms and Conditions](#), section 8.0 Allowable Costs and Activities for further guidance.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4	Add other Personnel as necessary		

Personnel Subtotal	
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PERSONNEL JUSTIFICATION

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren't necessary.

#	Name/Title: Who will do the work? Indicate the project participants who will do the work of each activity, including subrecipients, and/or contractors. If you request grant funds for personnel and contractors, you must include them in the work plan to demonstrate the requested funding is warranted. If you request funds for travel, these activities must also be included.	Project Activities - Describe the project activities that are necessary to accomplish the objectives. Make sure you include your performance monitoring/data collection activities. Please list all activities and target dates under each person name.	When will the activity be accomplished? Include a timeline that indicates when each activity will occur (at least month and year) and beginning and end dates for the project. The work plan timeline should show the project will be completed within the allowable grant period.
1			
2			
3			
4			
5			

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section that will be paid with SCBGP funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			

Fringe Subtotal	
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TRAVEL

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. Travel expenses associated with the project shall follow the North Carolina State Travel Policy. The approved travel rate sheet can be found on the Forms Page of the NC-SCBGP webpage. See the [2020 General Terms and Conditions](#), section 8.0 Allowable Costs and Activities for further guidance.

#	Trip Destination	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	# of Units	Cost per Unit	# of Travelers Claiming the Expense	Funds Requested
1							
2							
3							
4							
5							
6							
7							

Travel Subtotal	
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TRAVEL JUSTIFICATION

For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

Trip 1 (Approximate Date of Travel MM/YYYY):

Trip 2(Approximate Date of Travel MM/YYYY):

Trip 3(Approximate Date of Travel MM/YYYY):

Add other Trips as necessary:

CONFORMING WITH YOUR TRAVEL POLICY

By checking the box to the right, I confirm that my organization's established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](#) or [48 CFR subpart 31.2](#) as applicable.



EQUIPMENT

Capital expenditures for equipment, buildings, and land are unallowable as direct or indirect charges. Items purchased with a value greater than \$5,000.00 are considered equipment and are unallowable.

Equipment Subtotal	\$0.00
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SUPPLIES

List the materials, supplies, and fabricated parts costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal and solely enhance the competitiveness of specialty crops. See [2020 General Terms and Conditions](#) section 8.0 Allowable Costs and Activities for further information.

Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested

Supplies	
Subtotal	

SUPPLIES JUSTIFICATION

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

CONTRACTUAL/CONSULTANT

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

ITEMIZED CONTRACTOR(S)/CONSULTANT(S)

Provide an itemized budget (personnel, fringe, travel, equipment, supplies, other, etc.) with appropriate justification. No indirect costs are to be included in the contract.

#	Contractor/Consultant Name & Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			

Contractual/Consultant Subtotal	
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CONTRACTUAL JUSTIFICATION

Describe the **project activities each contractor or consultant will accomplish** to meet the objectives and outcomes of the project. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area (for more information please go to <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2019/general-schedule/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See [2020 General Terms and Conditions](#), section 8.0 Allowable Costs and Activities for acceptable justifications.

Contractor/Consultant 1:

Contractor/Consultant 2:

Contractor/Consultant 3:

CONFORMING WITH YOUR PROCUREMENT STANDARDS

By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](#), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.



OTHER

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See [2020 General Terms and Conditions](#), section 8.0 Allowable Costs and Activities.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested

Other Subtotal	
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OTHER JUSTIFICATION

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

PROGRAM INCOME

Program income is gross income—earned by a recipient or sub-recipient under a grant—directly generated by the grant-supported activity, or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.

Source/Nature of Program Income	Description of how you will reinvest the program income into the project to solely enhance the competitiveness of specialty crops	Estimated Income

Program Income Total	
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Required Attachments in addition to this application:

- IRS Tax Exempt Status Letter for your organization
- Biographical Sketches- Provide a *concise* resume or biographical sketch of each person who has primary responsibility for developing and implementing the project. Information should clarify each person's duties and highlight their qualifications.
- Letters of Support- At least one letter, but no more than three, providing evidence of support for the project, especially from an organization or farm group that would benefit.

FOR MORE INFORMATION OR IF YOU HAVE QUESTIONS,

PLEASE CONTACT:

Jenni Keith, NC SCBGP Coordinator: jenni.keith@ncagr.gov

919-707-3158

APPLICATION DEADLINE: 12 PM, MARCH 5, 2021

APPLICATION SIGNATURE PAGE

Authorized Official's Signature

*An authorized official of the organization **MUST** sign in **BLUE INK**. The following statements will bind the organization to the representations made in the NC SCBGP Application.*

THE FUNDS GRANTED BY THE NORTH CAROLINA DEPT. OF AGRICULTURE & CONSUMER SERVICES WILL BE USED EXCLUSIVELY FOR THE PURPOSES FOR WHICH THEY ARE GRANTED.

THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND COMPLETE AND THE PERSON SIGNING THIS APPLICATION IS AUTHORIZED TO BIND THE APPLICANT.

THE APPLICANT ASSURES THE NCDA&CS THAT IT WILL PERMIT AUDITS AND SITE VISITS FOR THE PROJECT DESCRIBED IN THIS APPLICATION.

THE APPLICANT UNDERSTANDS THAT THIS APPLICATION AND ALL ATTACHMENTS SUBMITTED WITH THIS APPLICATION ARE PUBLIC RECORDS.

Applicant Organization:

Signed by: _____ Date: _____

Print Name: _____

Title: _____

Witnessed by: _____ Date: _____

Print Name: _____